



STATE DEPARTMENT OF EDUCATION

P.O. BOX 83720
BOISE, IDAHO 83720-0027

TOM LUNA
STATE SUPERINTENDENT
PUBLIC INSTRUCTION

May 2008

**Idaho Child Nutrition Programs
Plan for Reducing Excessive Operating Balance**

Participant Number: _____ Date: _____

Sponsor Name: _____

Address: _____

City/State: _____ Zip: _____

Telephone Number (____) _____

The above named sponsor hereby submits the following plan to reduce the
excessive operating foodservice balance. This plan will be completed by
_____, 20_____.

Current Operating Balance: \$ _____

Average Monthly Expenditure: \$ _____

Briefly Outline Plan: _____

(If additional space is needed attach another page.)

(Signature of Authorized Representative) (Printed Name of Authorized Representative)

(OFFICIAL USE ONLY)

[] APPROVED

[] DENIED _____

(Signature of State Department of Education, Child Nutrition Official)